



Franklin County 2020 Benefit Overview | County

This is a summary of benefits provided to County of Franklin employees. Benefits are available to eligible employees who work 30 or more hours per week. Benefits begin on the first of the month, following 60 days of employment. This information does not guarantee benefits or employment with County of Franklin. Detailed benefit information is provided upon employment with Franklin County.

County Pension:

Active employees working at least 1,000 hours per year are required to make a **mandatory 9% pre-tax contribution** to the interest bearing retirement fund. Contributions are collected on every pay period.

Holidays (11 observed days):

• New Year's Day	• Martin Luther King Day	• Good Friday
• Memorial Day	• Independence Day	• Labor Day
• Veterans Day	• Thanksgiving Day	• Day after Thanksgiving
• Christmas Holidays (2 Days)		

Paid Time Off (PTO):

Eligible employees earn PTO based on length of service and employment status (Full-time hourly or full-time salary). PTO hours begin accumulating on the first day of employment and may be used after successful completion of employees first thirty days of employment. PTO is earned by pay period and can only be used if earned and in PTO bank.

PTO Overview:

<u>37.50 hours/week employees</u>				<u>40.00 hours/week employees</u>			
<u>Years of Service</u>	<u>Hours</u>	<u>Days</u>	<u>Per Pay</u>	<u>Years of Service</u>	<u>Hours</u>	<u>Days</u>	<u>Per Pay</u>
0-5	172.50	23	6.635	0-5	184	23	7.077
6-10	202.50	27	7.789	6-10	216	27	8.308
11-15	240.00	32	9.231	11-15	256	32	9.8476
16+	247.50	33	9.520	16+	264	33	10.154

Tuition Reimbursement:

Employees that are employed at least one full year may apply for Tuition Reimbursement, up to \$4,000 per calendar year. Reimbursement is based on Department Head & HR approval prior to the class beginning as well as employees' final grade.



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Term Life Insurance:

The County of Franklin provides a \$20,000 life/accidental death policy to each full-time benefit eligible employee. Additional life insurance for you, a spouse, & dependent(s) can be purchased during specified enrollment periods. Supplemental benefit deductions are collected 24 pays out of 27 pays for the benefit year 2020.

Deferred Compensation – 457Plan:

Employees may participate in pre-tax deferred compensation plan through payroll deductions. Any elections are in an addition to and separate from the County Pension Plan. Voluntary benefit contributions are collected 24 pays out of 27 pays for the benefit plan year 2020.

Transamerica & Mutual of Omaha Products:

Employees may purchase additional voluntary benefits. Premiums are based on type of coverage purchased. Voluntary benefits include: Short Term Disability, Long Term Disability, Cancer Insurance, Accident Insurance, Universal Life Insurance, and Dependent Universal Life Insurance.

Vision:

Offered with Highmark/Davis Vision. Enrollment in the Health Plan is not required to elect vision coverage. Employees may obtain one examination and one set of either frames or contact lenses every 12 months. Plan limitations apply. Benefit deductions are collected 24 pays out of the 27 pays for the benefit plan year 2020. (Costs on page 5)

Dental:

Offered with Delta Dental of PA. Enrollment in the Health Plan is not required to elect dental coverage. Plan covers diagnostic & preventive services at 100%, Basic Services at 80% and Major Services at 50%. Dental “buy-up” plan offers a \$2,000 lifetime maximum in Orthodontia coverage - available to adults and dependents. Benefit deductions are collected 24 pays out of the 27 pays for the benefit plan year 2020. (Costs on page 5)

LegalShield:

Voluntary legal service and identity theft protection plans are available to eligible employees, their spouse and eligible dependent(s).

Health Plan:

Offered with Highmark Blue Cross Blue Shield. The plan is a qualified high-deductible health plan (QHDHP) as defined by the Internal Revenue Service (IRS). It is designed for use with a Health Savings Account (HSA). Prescriptions are integrated with the Medical Deductible. There are two (2) available plan options: Option 1: \$3,000 Individual Deductible (\$5,000 Max. Out-of-Pocket) and \$6,000 2-Person/Family Deductible (\$10,000 Max. Out-of-Pocket). Option 2: \$4,000 Individual Deductible (\$6,000 Max. Out-of-Pocket) and \$8,000 2-Person/Family Deductible (\$12,000 Max. Out-of-Pocket). Additional



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details can be found on page 4. Benefit deductions are collected 24 pays out of the 27 pays for the benefit plan year 2020. (Costs on page 5)

Health Savings Account (HSA):

Alegeus offers HSA's through PNC Bank with Highmark Health Coverage for qualified employees. County of Franklin makes an upfront contribution to eligible employee's accounts. The amount is pro-rated based on your benefit eligibility date. In addition the County offers an additional contribution program. HSA contributions are collected 24 pays out of the 27 pays for the benefit plan year 2020. (Additional details on page 5).

Flexible Spending Account (FSA):

Employees are eligible to enroll in the FSA if they're NOT enrolled with County offered HSA health plan OR are ineligible to participate in the HSA. Maximum contribution for plan year 2020 is \$2,750. This amount becomes pro-rated based on date of hire. The IRS "use it or lose it" rule applies. FSA Contributions are collected 24 pays out of the 27 pays for the benefit plan year 2020.

Dependent Care Account (DCA):

All benefit eligible employees are eligible to contribute. There is a maximum is \$5,000 per household, per year. The IRS "use it or lose it" rule applies. DCA contributions are collected on 24 pays out of the 27 pays for the benefit plan year 2020.

County Medical Opt-Out Incentive:

Benefit eligible employee's that choose to decline Medical/Rx coverage with County of Franklin and can provide proof of other credible employer-sponsored coverage (NOT County of Franklin, Market Place, State Medicaid, Medicare, or TriCare coverage) are eligible for a \$1,000 Opt-Out Incentive. The \$1,000 is pro-rated for new hires based on eligibility date and is distributed over 24 pay periods.

	Per Pay	Annual
Incentive	\$41.67	\$1,000

Spousal Surcharge:

Franklin County is committed to offering employees and their family's quality health care coverage. Franklin County allows spouses to be enrolled with the offered Health Insurance plan, however, if the spouse has other health coverage available the County does charge an additional surcharge. A \$55.00 per pay surcharge will apply IF other medical coverage is available to your spouse. A certification/affidavit form must be completed. The Spousal Surcharge is collected 24 pays out of the 27 pays for the benefit plan year 2020.

	Per Pay	Annual
County & AFSCME	\$55.00	\$1,320.00



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Wellness Program:

Franklin County is committed to our employees' health and well-being. An extensive wellness program is offered where employees work all year to earn points. If you earn the required amount of points you will receive the wellness incentive during plan year 2021!

Summary of Health Benefits with Highmark Blue Cross Blue Shield:

Benefit	Option 1	Option 2
General Provisions		
Benefit Period (1)	Contract Year	
Deductible (per benefit period)		
Employee Only Plan	\$3,000	\$4,000
Family Plan	\$6,000	\$8,000
Plan Pays – payment based on the plan allowance	100% after Deductible	70% after Deductible
Out-of-Pocket Limit (Includes deductible, prescription drug expenses, coinsurance and copayments. Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Employee Only Plan	\$5,000	\$6,000
Family Plan	\$10,000	\$12,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only)(2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Employee Only Plan	\$5,000	\$6,000
Family Plan	\$10,000	\$12,000
Office/Clinic/Urgent Care Visits		
Primary Care Provider Office Visits & Virtual Visits	\$20 copayment after Deductible	\$20 copayment after Deductible
Specialist Office Visits	\$40 copayment after Deductible	\$40 copayment after Deductible
Virtual Visit Originating Site Fee	100% after Deductible	100% after Deductible
Urgent Care Center Visits	\$75 copayment after Deductible	\$75 copayment after Deductible
Telemedicine (3)	\$15 copayment after Network Deductible	\$15 copayment after Network Deductible
Preventive Care (4) –		
Routine Adult & Routine Pediatric	100% (Deductible does not apply)	100% (Deductible does not apply)
Hospital and Medical/Surgical Expenses (including maternity)		
Hospital Inpatient & Outpatient & Maternity	100% after Deductible	100% after Deductible
Emergency Services		
Emergency Room Services	\$125 copayment after network deductible (copayment waived if admitted)	
Ambulance - Emergency	100% after Deductible	100% after Deductible
Prescription Drugs		
Prescription Drug Deductible		
Individual	Integrated with medical Deductible	
Family	Integrated with medical Deductible	



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Benefit	Option 1	Option 2
Prescription Drug Program(8) <i>Defined by the National Plus Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.</i> <i>Your plan uses the Comprehensive Formulary with an Open Benefit Design.</i>	Retail Drugs (31/60/90-day Supply) \$3/\$6/\$9 Low Cost Generic Copay after deductible \$20/\$40/\$60 Generic Copay after deductible \$40/\$80/\$120 Brand Formulary Copay after deductible \$70/\$140/\$210 Brand Non-Formulary Copay after deductible Maintenance Drugs through Mail Order (90-day Supply) \$6 Low Cost Generic Copay after deductible \$40 Generic Copay after deductible \$100 Brand Formulary Copay after deductible \$210 Brand Non-Formulary Copay after deductible	

*Preventive Medication List – Deductible does not apply to medications identified on the Preventive Medication List.
 Defined by the National Plus Pharmacy Network – Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.*

Employee Premium Rates (Per Pay):

	Employee Only	2-Person	Family
Highmark, BCBS – Medical/Rx Option 1	\$46.69	\$155.32	\$168.08
Highmark, BCBS – Medical/Rx Option 2	\$41.83	\$139.12	\$150.55
Delta Dental – Dental Base Plan	\$5.46	\$13.81	\$19.51
Delta Dental – Dental Orthodontia “Buy-up”	\$7.42	\$18.78	\$26.53
Highmark/Davis Vision	\$2.68	\$5.36	\$8.04

HSA Upfront County Contribution Schedule:

The upfront contribution amount is determined by the employee benefit eligibility month, not the employee’s month of hire. Those eligible prior to July 1, 2020 will receive an additional upfront \$250.00 in July 2020.

UPFRONT County Contributions – HAS Accounts (Based on Benefit Eligibility Date)			
January	\$250.00	July	\$250.00
February	\$208.33	August	\$208.33
March	\$166.66	September	\$166.66
April	\$125.00	October	\$125.00
May	\$83.33	November	\$83.33
June	\$41.67	December	\$41.67